

People with Disabilities



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Resource Center
State of California
Alcohol and Drug Programs
1700 K Street
First Floor
Sacramento, CA 95814

(800) 879-2772 (California Only)
(916) 327-3728
FAX: (916) 323-1270
TTY: (916) 445-1942
Internet: <http://www.adp.ca.gov>
E-Mail: ResourceCenter@adp.state.ca.us

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The burdens that alcohol, tobacco, and other drug problems pose are compounded when the individual is one of the estimated 43 million Americans who have one or more physical or mental disabilities. For these individuals, the process of recovery is made more difficult by barriers that do not exist for others.

In 1990, Congress passed the Americans with Disabilities Act (ADA), which describes people with disabilities as a "discrete and insular minority who have been subjected to a history of purposeful, unequal treatment and relegated to an inferior status in our society." Congress noted that people with disabilities face discrimination in employment, housing, public accommodations, education, transportation, communication, recreation, institutionalization, health services, voting, and access to public services.

Congress passed the ADA to eliminate major forms of discrimination against people with disabilities, including:

- Outright intentional exclusion;
- Overprotective rules and policies;
- Segregation or relegation to lesser services or programs;
- Exclusionary standards; and
- Architectural, transportation, and communication barriers.

Prevention practitioners are affected by the ADA because prevention programs are considered to be public accommodations, regardless of whether they are configured as social services, health care services, or educational services. As of January 26, 1992, program practitioners must permit all people with disabilities to participate in the full and equal enjoyment of goods, services, facilities, privileges, advantages, and accommodations of their programs.

People with disabilities can benefit as a target audience for prevention efforts. According to the Resource Center on Substance Abuse Prevention and Disability, alcohol and other drug problems are significantly more prevalent among people with disabilities. One possible reason for increased problems is that regular use of prescribed medication, both non-psychoactive and psychoactive, may serve to potentiate the effect of drugs such as alcohol. Another reason may be that alcohol, tobacco, and other drug problems that existed prior to the disability tend to continue and worsen.

The Resource Center on Substance Abuse Prevention and Disability recommends the following for including persons with disabilities in prevention or intervention programs:

- Focus on the abilities of people, rather than on disabilities. Be mindful that alternative ways of doing things are often equally effective. Encourage people with disabilities to be their own advocates.
- Make sure that parking areas, restrooms, and buildings where you provide services or conduct meetings are architecturally and environmentally accessible to all people. This is crucial to the establishment of a comfortable and equitable relationship for people with disabilities. Get expert advice before making expensive structural modifications.
- Ask people with disabilities to facilitate disability awareness training sessions with staff to promote positive attitudes. Locate material and have it available for learning more about disability-related issues.
- Involve people with disabilities on advisory boards and planning committees, and include them in the planning and presentation of all sponsored programs. Actively seek qualified people with disabilities when hiring staff.
- Assume responsibility for understanding the issues that affect people with disabilities. Learn more. Send for information from consumer- and disability-related organizations, ask for their support, and invite their representatives to speak at meetings.
- For each person with a disability, explore all possible factors contributing to alcohol, tobacco, and other drug involvement, not just those related to disability.

Additional information is available through the:

*Resource Center on Substance Abuse Prevention and Disability
1331 F Street, NW, Suite 800
Washington, DC 20077-1514
(Voice 202-783-2900)
(TDD 202-737-0725)*

Reference

A Look at Alcohol and Other Drug Abuse Prevention and . . . [various topics].
Resource Center on Substance Abuse Prevention and Disability (1991)

